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Date June 29, 2005

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Amendment

TC 2823

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REMARKS:

☐ Urgent

☐ For your review

☒ Reply ASAP

☐ Please comment

Application Number: 10/659,134

Filing date: September 10, 2003

First named inventor: Mirabedini, Mohammed R.

Attorney docket number: 03-0730

Transmitted herewith for filing via facsimile:

- Amendment in response to the Office Action dated June 14, 2005.
- Power of Attorney and Correspondence Address Indication Form, PTO/SB/81
- Statement Under 37 CFR 3.73(b), PTO/SB/96

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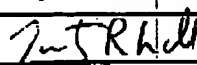
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/659,134
	Filing Date	September 10, 2003
	First Named Inventor	Mirabadini, Mohammed R.
	Art Unit	2823
	Examiner Name	Coleman, William D.
	Attorney Docket Number	03-0730
Total Number of Pages in This Submission		5

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Power of Attorney and Correspondence Address Indication Form, PTO/SB/81 2. Statement Under 37 CFR 3.73(b), PTO/SB/96
Remarks - Response to Official Action		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LSI Logic Corporation		
Signature			
Printed name	Timothy R. Croll		
Date	28 JUN 05	Reg. No.	36,771

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